

**TRANSMITTAL
FORM**

| | | |
|--|-----------------------------|--------------------|
| | Application Serial Number | 09/156,952 |
| | Filing Date | September 18, 1998 |
| | First Named Inventor | Ostgaard |
| | Group Art Unit | 1743 |
| | Examiner Name | Patricia K. Bex |
| | Attorney Docket No. | CYM-025 |
| | BATCH NO. (after allowance) | Not applicable |
| | Patent No. | Not applicable |
| | Issue Date | Not applicable |

ENCLOSURES (check all that apply)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input checked="" type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Small Entity Statement |
| <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> CD(s) for large table or computer program | <input type="checkbox"/> Amendment After Allowance |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Technology Center 1700 |
| <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | RECEIVED JAN 11 2001 TECHNOLOGY CENTER 1700 |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORRESPONDENCE ADDRESS | SIGNATURE BLOCK |
| Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100 | Respectfully submitted,  Brian M. Gaff, Esq. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 |

FEE TRANSMITTAL
FY 2001
JAN 08 2001

U.S. PATENT & TRADEMARK OFFICE
JC109

Complete if Known

| | |
|---------------------------|--------------------|
| Application Serial Number | 09/156,952 |
| Filing Date | September 18, 1998 |
| First Named Inventor | Ostgaard |
| Group Art Unit | 1743 |
| Examiner Name | Patricia K. Bex |
| Attorney Docket No. | CYM-025 |

METHOD OF PAYMENT

1. Payment Enclosed:
 Check Money Order Other
2. The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
 Required Fees (copy of this sheet enclosed).
 Additional fee required under 37 CFR 1.16 and 1.17.
 Overpayment Credit.
3. Applicant claims small entity status.

FEE CALCULATION (continued)

FEE CALCULATION

1. FILING FEE

Large Entity

| Fee (\$) | Fee Description | Fee Paid |
|----------|------------------------|----------|
| 710 | Utility filing fee | |
| 320 | Design filing fee | |
| 150 | Provisional filing fee | |

| | Number Filed | Number Extra | Rate | Amount |
|--------------|--------------|--------------|--------------|--------|
| Total Claims | - 20 = | | x \$ 18.00 = | |

Independent Claims

Multiple Dependent Claim(s), if any \$270.00 =

**TOTAL:
SMALL ENTITY DISCOUNT:
SUBTOTAL (1) (\$)**

0.00

2. AMENDMENT CLAIM FEES

| Claims | Highest No. | Present | Rate | Fee Paid |
|--------------|-------------|---------|------|----------|
| Remaining | Previously | Extra | | |
| After Amend. | Paid For | | | |

Total - = x \$ 18.00 =

Indep. - = x \$ 80.00 =

First Presentation of Multiple Dep. + \$270.00 =

**TOTAL:
SMALL ENTITY DISCOUNT:
SUBTOTAL (2) (\$)**

0.00

SUBTOTAL (3) (\$)

-55.00

SUBTOTAL (1) (\$)

0.00

SUBTOTAL (2) (\$)

0.00

SUBTOTAL (3) (\$)

55.00

TOTAL (\$)

55.00

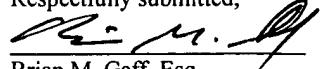
CORRESPONDENCE ADDRESS

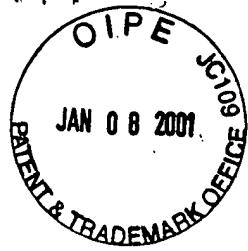
Direct all correspondence to:

Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower-125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,


Brian M. Gaff, Esq.
Attorney for the Applicants
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110



1743/18
PATENT
Attorney Docket No. CYM-025

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Ostgaard et al.
SERIAL NO.: 09/156,952 GROUP NO.: 1743
FILING DATE: 18-Sep-98 EXAMINER: Patricia K. Bex
TITLE: *Sample Vial for Use in Preparing Cytological Specimen*

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 5th day of January, 2001.

Marie T. Dever
Marie T. Dever

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are:

- (1) Transmittal Form (1 pg.).
- (2) Fee Transmittal (1 pg.).
- (3) Amendment and Response (6 pgs.).
- (4) Petition for Extension of Time (One Month) (1 pg.).
- (5) Check in the amount of \$ 55.00.
- (6) Mailroom postcard.

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